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DEPARTMENT OF LABOR
WORKERS' COMPENSATION DIVISION
NATIONAL LIFE DRIVE, DRAWER 20
MONTPELIER, VT 05620-3401
(802) 828-2286

State File No.: _____
Ins Co. File No.: _____
Date of Injury: _____
Social Sec. No.: _____

VOCATIONAL REHABILITATION

☐ ENTITLEMENT ☐ PLAN ☐ AMENDMENT ☐ PROGRESS REPORT
☐ CLOSURE ☐ SUSPENSION ☐ SELF-EMPLOYMENT WORKBOOK

DATE OF REPORT _____

Employee Name

Street _____
City/State/Zip _____
DOB _____ Telephone No. _____
Occupation at time of injury _____ DOT Code _____
Education _____ AWW _____
Treating Physician _____ Type of Injury _____
Represented ☐ Yes ☐ No If yes, attorney name: _____
? _____
Employee's E-Mail Address _____

Employer Name

Street _____ Telephone No. _____
City/State/Zip _____ Referral Date _____

Ins. Co. Name

Street _____ Telephone No. _____
City/State/Zip _____ Adjuster _____
Represented ☐ Yes ☐ No If yes, attorney name: _____
? _____

V R Counselor

V R Company _____
Street Address _____
City/State/Zip _____
Phone _____ Fax _____